



Department of Community and Human Services 2008 Business Plan

Introduction

The King County Department of Community and Human Services (DCHS) manages a range of programs and services to assist the county's most vulnerable and troubled residents and strengthen its communities. These programs and services include aging, developmental disabilities, housing and community development, mental health, public defense, substance abuse prevention and treatment, unincorporated area liaisons, veterans' services, women's program services, work training programs, and youth and family services. DCHS is also responsible for providing leadership and coordination to the Committee to End Homelessness in King County and its Ten-Year Plan to End Homelessness, as well as oversight and management of the revenues from the Veterans and Human Services Levy and implementation of its Service Improvement Plan.

DCHS provides these programs and services mainly through contracts with community-based agencies. Of the total annual revenues, approximately 80 percent is contracted to community agencies; about 12 percent funds direct services provided by DCHS staff, and the remaining approximately eight percent funds administration. As a primarily regional services department, DCHS plays an increasingly stronger role in the coordination and leadership of the region's human services infrastructure. The department works hard to leverage county dollars with other funds, historically leveraging significant amounts of state and federal dollars. In 2007, the projected leveraging is \$3.73 of state, federal and other funds for each county dollar invested.

Coordination of resources and services is accomplished through the efforts of a small central staff in the director's office and staff in four separate divisions: the Community Services Division (CSD); the Developmental Disabilities Division (DDD); the Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD); and the Office of the Public Defender (OPD).

Policy Direction

In concert with key stakeholders, DCHS worked to update the 1999 Framework Policies for Human Services to clarify the county's role and establish priorities for use of county discretionary funds in the area of human services. This document was submitted to the Metropolitan King County Council in April 2007. The policies are consistent with initiatives adopted by the county in recent years, including the Adult Justice Operational Master Plan (AJOMP), Juvenile Justice Operational Master Plan (JJOMP), Mental Health Recovery Plan, Developmental Disabilities Working Age Adult Policy, Ten-Year Plan to End Homelessness in King County, and the Veterans and Human Services Levy Service Improvement Plan. Policies directing human services for King County are as follows:

HS-1: King County has a strong regional role in human services, working with many partners to help those most in need

King County joins the human services community in promoting healthy families and safe communities and building a coordinated regional human services system to serve the county's most vulnerable and at-risk residents. This work is accomplished through partnerships with many levels of government, service providers, civic and non-profit organizations, philanthropy, faith communities, businesses, schools, criminal justice agencies, human services advocates, and many others. King County is dedicated to working with its partners to identify and help the neediest individuals and families across the county achieve stability, recovery and an improved quality of life.

HS-2: King County's priorities for human service investments will be programs and services that help to stabilize and improve people's lives, and prevent or reduce emergency medical and criminal justice system involvement and costs

In order to continue to improve quality of life, counterbalance growth in areas costly to taxpayers and communities and preserve the resources necessary to collaborate as a partner in regional human services systems, King County has identified priority areas where it will focus its human services efforts and resources.

HS-3: King County will apply principles that promote clarity, effectiveness, accountability and social justice

King County will adhere to principles of public service in its human services-related actions and investments, including transparency in the administration of services, promotion of diversity, an orientation towards recovery and self-sufficiency, regional service system integration and coordination, and a focus on outcomes and performance measures developed in concert with human services stakeholders and partners.

Vision

The Department of Community and Human Services supports and maintains vital communities, families and individuals.

Mission

The Department of Community and Human Services seeks to enhance the quality of life, protect rights and promote the self-sufficiency of our region's diverse individuals, families and communities.

Goals

In order to have the greatest impact in helping those most in need and the highest return on its investments, DCHS has identified five priority areas where it will focus its resources and efforts. These priority areas will help to support and enhance the ability of low-income residents and people with special needs to achieve and maintain healthier, safer and more productive and independent lives within their communities. These service priorities are consistent with previous policy decisions and initiatives, including the revised Framework

Policies for Human Services and the Human Services Recommendations Report of 2007, the Veterans and Human Services Service Improvement Plan, the Ten-Year Plan to End Homelessness in King County and other regional housing and human services plans, with the addition of fulfilling county responsibility for ensuring quality legal services for indigent persons charged with criminal offenses.

1. Provide effective prevention and intervention strategies for those most at-risk and most in need to prevent or reduce more acute illness, high-risk behaviors, incarceration and other emergency medical or crisis responses
2. Provide job readiness, education and employment services to help vulnerable youth and adults increase independence and self-sufficiency and lead more meaningful and productive lives
3. Develop and implement stronger prevention measures to avoid or prevent homelessness, and create or preserve supportive housing for those who are homeless or at risk of homelessness to achieve the goal of ending homelessness
4. Continue to develop and provide services that reduce the growth of emergency medical and criminal justice system involvement and costs
5. Assure quality public defense services

Core Businesses/Services

1. Public defense
2. Treatment
3. Prevention and intervention services
4. Affordable housing
5. Employment and self-sufficiency
6. Child, youth and family development

Self Assessment

DCHS and its four divisions made considerable progress in each of the priority areas, but also encountered significant challenges in the past year in several areas of business.

Community Services Division (CSD)

Working to end homelessness, DCHS and CSD are continuing to move away from simply managing homelessness via shelter or transitional housing. Moving people rapidly from homelessness to permanent housing is the goal and vision of DCHS and the Committee to End Homelessness in King County (CEHKC), whose Governing Board is chaired by King County Executive Ron Sims. This involves not only creating/retaining “hard” units, but also linking those units with supportive services and rental assistance to help people in need achieve and maintain their housing. Research has shown that stable housing for those who have been chronically homeless leads to a significant reduction in expensive interventions and arrests. Related to homelessness efforts, these milestones were achieved:

1. Continuing a 2006 initiative to coordinate the region's major funding systems/entities that together provide capital dollars, supportive services dollars, and rental assistance, CSD oversaw a combined Notice of Funding Availability (NOFA) to coordinate the Request for Proposal (RFP) processes of King County (CSD and MHCADSD), two City of Seattle departments, United Way of King County, A Regional Coalition for Housing (ARCH) and the Seattle and King County housing authorities. The objective is to ensure more complete funding for permanent supportive housing projects at the front end, in order to speed up the time it takes to bring the housing on line.
2. Wonderful catalysts for this coordination are two new funding mechanisms created by passage of House Bills 2163 and 1359. In 2007, CSD transmitted the first report to the County Council on HB 2163 funding for homeless prevention and permanent supportive housing. HB 1359 will add additional dollars to this funding stream.
3. The Veterans and Human Services Levy provides funding for permanent supportive housing – capital as well as service dollars. Recruitment and confirmation of two new levy citizen oversight boards continued through January 2007, causing a delay until February for the first board meetings, yet CSD successfully prepared the required planning documents and obtained the Boards' review of them in time to add about \$10 million in levy funds to the 2007 coordinated RFP processes noted above.

In the area of employment services, CSD continues to reexamine and retune its services, re-orienting them to focus more (although not exclusively) on youth and adults at risk of involvement with the criminal justice system. Recent challenges include these issues:

1. CSD's employment programs are heavily dependent on federal Workforce Investment Act (WIA) grant funds. Significant reductions at the federal level, due primarily to formula adjustments based on Washington's improved employment statistics, have resulted in much-reduced grants for both youth and dislocated worker programs over the past several years – reductions that have forced downsizing, most recently in June 2007. Despite the cuts, CSD has managed to maintain the programs most successful in providing youth with productive life skills, job training, and job opportunities as alternatives to involvement with the justice system.
2. An unexpected challenge is the need to move the Work Training Program (WTP) Renton office not once but twice during the summer of 2007, as WTP's promised new space was not ready when the program was required to move to accommodate Election's renovations. WTP met the challenge without disrupting services to clients.
3. Although federal funding has been reduced, the Veterans and Human Services Levy offers the opportunity to develop new program approaches, including establishing a veterans-serving unit within the WTP Renton office. However, coordinating hiring of new social workers through the county layoff process took longer than anticipated.
4. In 2007, CSD began a re-orientation of the King County Jobs Initiative. The program, previously a primarily local program targeting White Center and nearby cities and serving anyone from that area who was jobless and low-income, will transform to a regional program coordinating with the Community Corrections

Division to target individuals exiting the criminal justice system, providing training and assistance to obtain jobs and avoid recidivating. This is an exciting opportunity but not a simple one: establishing the coordination, referral mechanisms, and necessary incentive funds (for tools, work clothes, etc.), is more complicated and time-consuming than originally anticipated.

A significant achievement in helping to prevent or reduce juvenile detention and incarceration has been the continued implementation of the *Elements of Successful Programs*. This program combines comprehensive service assessment with strong technical assistance and, to date, 15 contract agencies have completed this process, showing demonstrable results in reduced juvenile justice involvement.

Finally, DCHS and CSD faced two very important challenges in 2007 not fully appreciated or anticipated when the 2007 business plan was prepared:

1. Preparing the Framework Policies for Human Services and the Human Services Recommendations Report and implementing its recommendations. When Ordinance 15406 providing direction for the Veterans and Human Services Levy was adopted in April of 2006, it directed DCHS to recommend revised framework policies and prepare a new Human Services Recommendations Report incorporating the county auditor's recommendations regarding Current Expense (CX) funded human services. For CSD, implementation means embarking on a two-year effort covering ten different programs areas to: 1) review current policies and investments; 2) examine recent research on best practices; 3) coordinate with other funders; 4) involve stakeholders; 5) prepare and conduct ten different RFP processes; and 6) negotiate contracts. This represents a significant body of work.
2. Capacity building for the Veterans and Human Services Levy. As mentioned earlier, two new oversight boards had to be recruited and confirmed. Per Ordinance 15406, these boards must review procurement plans and program designs for each of the approximately 30 different activities in the levy *before funds can be expended*. Another challenge has been the difficulty in hiring levy staff in a timely manner, due to the time necessary to complete personnel processes but also due to a tight labor market that has resulted in minimal applications to job postings.

Developmental Disabilities Division (DDD)

KCDDD continued to move forward with implementation of the Working Age Adult Policy. All contracts are aligned with the policy, and agencies are working with people with very severe disabilities to discover interests and aptitudes, a significant challenge to the vendor community. The School to Work Project continues to expand, now serving over 75 young adults exiting school. Over 40 have left high school with jobs this year, an increase over last year.

A collaborative effort with MHCADSD to develop an alcohol and substance abuse treatment methodology for a population with cognitive disabilities is progressing, with very positive results. A nationally recognized expert on substance abuse treatment reviewed the

program and called it one of the best in the nation and one he will recommend be viewed as a model program for replication.

Early Intervention Services for infants and toddlers with developmental delays continues to grow as more families seek services. This is due, in part, to better screening and outreach funded by DDD and is a positive step, as early detection leads to better long-term outcomes. However, the growth in numbers also means a growth in expenses – a growth not yet recognized by the State Legislature through the budget process, and is an issue to be addressed in 2007-08.

Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)

A major goal for the mental health section is transforming the public mental health system to one based on recovery principles. In 2006 and early 2007, MHCADSD held three recovery retreats with mental health agencies to further discussions on system transformation. Most significantly, MHCADSD, with the help of a national consultant, completed development of an alternative financial model that provides financial incentives for agencies that start the recovery process and achieve outcomes in the areas established by the recovery advisory groups – a plan well received by the provider community.

The 2006 Legislature increased non-Medicaid funding for King County, and refunded some of the money the county paid to the state for exceeding our allocation of state hospital beds. This increase in funds enabled King County to increase the number of non-Medicaid treatment slots available to agencies, particularly for the two agencies that serve the highest numbers of immigrants. Unfortunately, also in 2006, thousands of individuals in treatment lost their Medicaid coverage, forcing King County to use non-Medicaid treatment funds to pay for previously Medicaid-covered services. This led to a crisis in non-Medicaid funding that will continue through the remainder of 2007 and into 2008.

MHCADSD selected providers to implement new Programs for Assertive Community Treatment (PACT), expected to help reduce hospitalizations and involvement in criminal justice systems. Teams became operational and started serving clients in June 2007. A major challenge is the lack of affordable housing options. MHCADSD worked closely on the combined NOFA process to establish collaborative funding opportunities for housing providers, resulting in a number of units funded for mental health clients. The South King County Pilot Program, serving 27 chronically homeless people with mental illness, was slow to establish due to low vacancy rates in South King County, but is now operational.

A major issue from last year remains a significant challenge: insufficient local and state hospital beds for individuals being involuntarily committed. As a result, the "boarding" of detained patients at emergency rooms and hospitals that normally do not accept involuntary patients continues to occur on a regular basis. This crisis is unlikely to abate until PACT teams have reached near capacity, a process that will take over a year.

The county's chemical dependency programs continued to increase the number of individuals served, and the percent that remained in treatment and completed treatment. Progress was also made in 2006 and early 2007 in moving more providers to use evidence-based programs. Changes in how alcohol and drug assessments and treatment are provided

at the Community Center for Alternative Programs (CCAP) were made through a RFP process and a seamless transition to a new provider was carried out.

Office of the Public Defender (OPD)

Successes and challenges faced by OPD in the past year included adjusting to decisions from the King County Prosecuting Attorney's Office (PAO) in early 2007 to file a backlog of 200-300 felony cases, causing an unexpected increase in the defense felony caseload and a resulting increase in cases assigned to defender agencies. OPD also received misdemeanor cases filed at higher levels, partially due to an increase in the number of Washington State Patrol troopers. Because this was expected and planned for in 2006, the contract caseload with the defender agencies was sufficient.

A proportional increase in felony drop-downs to Mental Health Court in 2005 led to formation of a Mental Health Court work group to update the mission, goals, and evaluative measures of the court, confirm the appropriateness of felony drop-downs, and create an additional calendar in 2007. These actions necessitated OPD to contract for commensurate additional attorney time in 2007; additional calendars are planned for 2008 as defendant referrals continue to increase. OPD also responded to an increased number of defendant referrals to Drug Court, with an additional calendar added in January 2007.

Funding for Becca cases continued to be an issue in 2007, as state funding is inadequate to provide for all services required surrounding the court process, corrections, PAO and public defense. OPD is working with Superior Court and other stakeholders to develop strategies to address caseload and funding issues.

State funding resulting from House Bill 1542 (2005) allowed OPD to hire staff in 2007 to provide additional oversight of the public defense providers and assistance to improve public defense services in King County.

Funding for assigned counsel panel attorneys continues to be well below market rates. Funding models to increase the rates are being developed in conjunction with HB 1542 funding, in order to maintain the quality of representation and number of attorneys needed on the panel.

Objectives and Strategies

DCHS has identified six key objectives for efforts in 2008 and beyond. In addition, the department has developed several administrative improvements for 2008 to enhance effectiveness and efficiencies, as detailed in this section.

Objective A: Reduce adult contacts with the King County criminal justice system

This objective is primarily linked to goal number four, *continue to develop and provide services that reduce the growth of emergency medical and criminal justice system involvement and costs*. The objective also links to goals one, two and three.

1. Continue to enhance coordination of substance abuse prevention services that began when Alcohol and Other Drug Prevention moved from Public Health to MHCADSD by moving the Community Organizing Program and its substance abuse and violence prevention services from CSD to MHCADSD.
2. Continue expansion of the Veterans' Incarceration Project to other jails in King County with the use of Veterans and Human Services Levy dollars in a continuing effort to secure early release, reduce recidivism and help veterans stabilize their lives.
3. Continue to transition the King County Jobs Initiative's job training efforts away from a focus on a geographic sub-region or a specific industrial sector to a focus on individuals exiting from the criminal justice system.
4. Continue to work with the YWCA to ensure that the Passage Point project is successfully brought on line. This project seeks to stabilize the lives of single parents exiting the criminal justice system and prevent recidivism by providing supportive transitional housing and treatment services and teaching parenting and life skills.
5. Transform an ineffective and expensive system that "houses" people with mental illness or co-occurring disorders in revolving cycles of psychiatric hospitalizations, jails and homelessness to one that creates stability through supported housing through implementation of the Supportive Housing Intervention for Transition to Stability (SHIFTS) program.
6. Reduce utilization of law enforcement, the justice system and county jails by providing diversion from the criminal justice system through treatment for chemical dependency and mental health issues via the Criminal Justice Initiatives Program, the Access to Recovery Grant and collaborations with the Community Center for Alternative Programs (CCAP) and other partners.

Objective B: Increase positive behaviors for youth

This objective is particularly linked to goal number four, *continue to develop and provide services that reduce the growth of emergency medical and criminal justice system involvement and costs*. The objective also links to goals one, two and three.

1. Enhance MHCADSD's initiative to continue to build a "Science to Service" evidence-based foundation for its treatment programs by taking on responsibility for the Reclaiming Futures grant as it moves from King County Superior Court to MHCADSD. This program has seen dramatic increases in retention and treatment completion rates for youth involved in the criminal justice system, and in reductions in criminal justice involvement for those who complete treatment.
2. Proceed with CSD's plans to review existing youth prevention and intervention program contracts, assess best practices, conduct a competitive RFP process, and implement performance-based contracts. Continue collaboration with the courts regarding Reinvesting in Youth, Functional Family Therapy and related programs.

Objective C: Prevent individuals from becoming homeless and assist individuals to acquire stable housing

This objective is primarily linked to goal number three, *develop and implement stronger prevention measures to avoid or prevent homelessness, and create or preserve supportive housing for those who are homeless or at risk of homelessness to achieve the goal of ending homelessness*. The objective also links to goals one, two and four.

1. Expand efforts in homeless prevention for veterans and others in need.
2. Expand homeless outreach and engagement efforts.
3. Work in coordination with Public Health and the Committee to End Homelessness to redesign sobering services and the Emergency Services Patrol in order to assist homeless individuals with chronic alcoholism to move into permanent supported housing and treatment.
4. Increase investment in permanent supportive housing for the homeless using new HB 1359 revenue, Veterans and Human Services Levy dollars, and other fund sources (while some fund sources have stagnated or declined, others have grown, allowing for a net increase in investment). Continue collaborating with other funders to try to bring supportive housing projects on line more quickly (such as the combined NOFA). Proceed with the Success in Housing Implementation Plan (SHIP) to build acceptance among landlords to rent to previously homeless and/or chronically homeless people, and help homeless people succeed in their housing.

Objective D: Assist individuals to complete education and training goals and place individuals in stable jobs

This objective is linked to goal number two - *provide job readiness, education and employment services to help vulnerable youth and adults increase independence and self-sufficiency and lead more meaningful and productive lives*.

1. Continue to focus on transforming the mental health service system to a recovery-based system of care by providing a full-time program manager and training to mental health agencies. Increases in mental health funding to agencies will increasingly be provided through incentives in which agencies must achieve specified outcomes in areas such as increased employment, increased housing stability, and decreased criminal justice involvement.
2. Continue to provide education and job training to both in-school and out-of-school youth, despite reductions in federal grant dollars. Make reductions in administrative costs and the smaller programs in order to mitigate impacts on core programs as much as possible.
3. Continue to provide employment counseling to dislocated workers to help them secure employment at a livable wage, despite reductions in federal grant dollars.

Elimination of vacant positions and reductions/efficiencies in administration are mitigating the impacts on remaining staff providing direct services.

4. Continue the provision of expanded employment counseling, case management, and other services to veterans, especially at the Renton WorkSource site.
5. In order to accomplish the Working Age Adult Policy and the goals of achieving employment opportunities for adults with very significant disabilities, collaborate with the Washington State Division of Vocational Rehabilitation (DVR) to braid resources, and develop and implement customized employment situations for high-need individuals. DDD will also work with DVR to assist young adults in the School to Work Project.

Objective E: Assure the availability of developmental and behavioral healthcare so that vulnerable populations can be as physically and mentally fit as possible

This objective is linked especially to goal number one - *provide effective prevention and intervention strategies for those most at-risk and most in need to reduce or prevent more acute illness, high-risk behaviors, incarceration and other emergency medical or crisis responses*; and to goal number four - *continue to develop and provide services that reduce the growth of emergency medical and criminal justice system involvement and costs*.

1. Expand the successful Children's Crisis Outreach Response System with funding provided by state Division of Child and Family Services (DCFS). This program provides crisis response services and temporary placements in host foster homes to safely and effectively resolve crises and help prevent hospitalizations and family disruption caused by longer-term placements of children outside the homes.
2. Continue to address funding shortfalls brought on by inadequate state funding for non-Medicaid mental health services. MHCADSD has convened a work group to formulate strategies for dealing with the shortfall. The anticipated deficit was somewhat reduced, thanks to successful renegotiation of the state hospital bed allocation for the remainder of 2007, and it is anticipated that hospital utilization will be reduced once PACT teams ramp up to full capacity.
3. Respond to increasing workload and regulatory requirements in the Crisis and Commitment Services arena (24/7 crisis outreach and involuntary psychiatric investigation and detention) as well as the issue of inadequate local evaluation and treatment inpatient beds, by creating a new staff position to manage the issues.
4. Increase access to behavioral health services by enhancing the integration of mental health and chemical dependency with primary care at existing community clinics and public health centers; investing in training in trauma sensitive services and Post Traumatic Stress Disorder (PTSD) treatment; training behavioral health providers to use evidence-based practices for PTSD; and investing in services to treat depression in chronically ill and disabled elderly veterans, as well as elderly who have transitioned from homelessness to permanent housing.

5. Provide training and information for community providers on the Veterans Administration system services and linkages.
6. Select a qualified consultant and convene a stakeholder group to develop strategies to address and contain the rising costs of serving an increasing number of infants and children with developmental delays needing early intervention services beyond the current funding levels available from the state.
7. Continue collaborative efforts with MHCADSD to develop treatment models to serve people with developmental disabilities experiencing alcohol and other substance abuse issues.
8. Conduct a study in concert with the Board for Developmental Disabilities and other stakeholders to identify gaps and needs in recreational and other community services, in order to improve quality of life and enhance inclusion of persons with developmental disabilities in community living.
9. Respond to the increasing size and scope of DDD's regional role as lead agency for early intervention programs in King County and administrator of service dollars for school districts by improving and expanding DDD's data and information systems, the first significant expansion in over 15 years.

Objective F: Provide quality public defense services

This objective is linked to goal number five - *assure quality public defense services*.

1. Adjust to changes in county and court policy and administrative needs, including court services and policies impacting costs of OPD services.
2. Increase OPD security to improve employee safety.
3. Review current practices by OPD and service providers to improve services, including application of House Bill 1542 funds designated for this purpose.
4. Adjust to changing service needs in specific caseload areas, as identified by a detailed analysis of the PSQ level of price per credit in each contract caseload area as calculated using the OPD model price per credit, and adjust public defense contracts accordingly. For 2008, OPD projects increases in felony caseload, felony complex litigation, King County misdemeanor caseload, dependency caseload, Involuntary Treatment Act caseload, and contempt of court caseload, and a decrease in juvenile caseload. OPD also projects an increased Mental Health Court workload.
5. Address inadequate state funding for Becca caseloads to meet the projected demand. Becca provides services to defendants of Child in Need of Services (CHINS) or At Risk Youth (ARY) petitions and truancy contempt. Becca is a state-mandated program, funded by the state and administered by King County Superior Court.

6. The ability of OPD staff to collect and analyze data to accurately forecast service needs and trends is a critical component of the provision of quality public defense services and requires prioritization of OPD's IT efforts.

Administrative Improvements

DCHS is proposing to implement several strategies in 2008 to achieve administrative improvements toward greater efficiency, effectiveness, and accountability.

1. Continue to respond to the county's Information Technology Reorganization Plan. Continue efforts to consolidate IT services and costs so they may be managed centrally and distributed effectively, according to need.
2. Continue to respond to the county's initiative to improve and enhance the King County Web as a means of providing timely information on services to residents and to support the transition to the new Web Content Management System.
3. To reflect the county's leadership position as the chosen coordinator of the Committee to End Homelessness in King County, continue county funding to support the position of CEHKC director and regional efforts to implement the Ten-Year Plan to End Homelessness. The City of Seattle and United Way of King County have also continued their funding support for the CEHKC.
4. Build the capacity of DCHS divisions (CSD, DDD, MHCADSD, and OPD) to use data in the development of performance indicators, to provide information about the effectiveness and efficiency of its contracts, programs, and service delivery systems, and to evaluate the success of its investments by building technical expertise and information system capabilities.
5. To further principles promoting transparency in the administration of services and award of contracts, regional service system integration and coordination, outcome and performance measurement, and accountability to the public, proceed with plans consistent with the county auditor's recommendations to 1) examine the county's role in a variety of discretionary human service program areas; 2) assess best practices; 3) conduct RFPs; and 4) implement and monitor performance-based contracts.
6. In order to demonstrate effectiveness and identify areas of needed improvements, CSD will evaluate the results of Veterans and Human Services Levy investments as well as other major CSD program investments.
7. Further the principles that promote diversity, cultural competence and accountability to the diverse communities and groups in King County by building the capacity and encouraging the participation of community-based social service organizations that can contribute in-depth knowledge and familiarity with diverse communities, beliefs and traditions.

Change Dynamics

DCHS focuses considerable effort and funding towards its priority areas. Achieving success in these goal areas will not only assist individuals in need, but also improve the quality of life for all our residents and for our entire region.

A number of external factors impact our business, including changing state and federal budget priorities, changing program requirements and system designs, social system issues, and increasing responsibilities as the coordinator of regional human service systems. These change dynamics are detailed as follows.

▪ Revenue Reduction

1. MHCADSD does not receive enough state funding to continue to pay for outpatient treatment for people who lose Medicaid coverage and whose treatment benefit must then be paid out of limited state-only (non-Medicaid) funds. At this time, a change in policy is that benefit payments to providers will stop two months after a client loses Medicaid coverage. This may result in the loss of mental health services and a potential increase in the incidence of criminal justice and crisis services among this group. MHCADSD has formed a workgroup with providers to develop an overarching strategy to deal with this problem.
2. The King County Work Training Program is experiencing significant cuts in federal Workforce Investment Act (WIA) funding, due partly to reduction of the federal appropriation and partly to the Washington State unemployment rate being relatively lower than other states. This has resulted in gradual reductions to the Dislocated Worker Program grant over the last few years and corresponding reductions in services. To accommodate the most recent projected cuts, DCHS is proposing staffing reductions and reduced funds for individual client training programs in 2008. Funding cuts have also resulted in reductions to the youth work training programs for which DCHS is also proposing staff reductions. One youth work training site that would have been phased out (New Start) is instead moving to the Highline School District. Finally, because of this revenue loss, we are reducing one fiscal staff position in the CSD CX/CFSA budget.
3. In 2008, DCHS is projecting that it will receive a reduced formula grant of HOME funds, as we unexpectedly received a reduced HOME grant in 2007. Therefore, we are projected a HOME grant at the 2007 amount. There are minor reductions in other Federal Housing and Community Development (FHCD) fund programs, as well as some increases. Despite the HOME program reduction, King County has other housing and homeless funds available and we are able to maintain our regional role in housing and homeless services.

▪ Infrastructure Improvement Needs

1. DCHS proposes to consolidate most of the department's IT costs into one fund so they may be managed centrally and distributed as needed. This consolidation moves positions from CSD and DDD to MHCADSD. This is meant to increase efficiency and eliminate redundancy as well as improve desktop support.

2. DCHS is also requesting current expense funding for several new IT positions, to be housed in MHCADSD but focused on CSD's IT needs. CSD has had inadequate IT support for some time, primarily because it is a division cobbled together from many smaller grants and fund sources.

▪ **Change in Administrative Need**

1. OPD provides eligibility screening for public defense services for people charged with criminal, misdemeanor and civil offenses. It is not unusual for clients to become frustrated and show anger toward OPD screeners. There have been instances of the need for security enforcement or police presence in diffusing or escorting unruly clients, as well as increased phone threats and a growing risk of altercations. OPD is proposing new security procedures and infrastructure for the office to ensure employee and public safety.
2. Because of the increasing number of special program designations in the 2007 budget, there is a need for an additional staff person to manage them. In 2006, the existing PPM II needed over 2,000 hours of help from other CSD staff, who had to take time away from their own work to help negotiate and prepare these contracts. DCHS is requesting CX funding for an additional position.
3. CSD has been re-organized for increased efficiency and accountability and to better deal with the influx of responsibilities from the Veterans and Human Services Levy. As part of this reorganization, several administrative positions are being moved from the Work Training Program to other services areas in CSD.
4. Changing administrative needs leads CSD to propose the following staffing changes: a new 0.5 FTE to assist with Veterans and Human Services Levy fiscal affairs (revenue backed with levy dollars); a new administrative services position funded from Veterans Relief dollars to help with the vastly increased workload in the Veterans' Program; and in Housing and Community Development, a reduction from a PPM III section coordinator position to a PPM II planner as a result of two sections being combined for efficiency purposes.

▪ **Enhanced Policy Support**

1. The council approved the Mental Health Recovery Plan and MHCADSD is committed to the goal of transforming the mental health service system to a Recovery-based System of Care by providing a full-time program manager and providing training to mental health agencies. Increases in mental health funding to agencies will increasingly be provided through incentives in which agencies must achieve specified outcomes in areas such as increased employment, increased housing stability, and decreased criminal justice involvement.
2. The 2007 State Legislature provided funding to the State Mental Health Division for the purpose of providing increases in wages for mental health workers. In 2008, the total funding to the King County Regional Support Network (KCRSN) operated

by MHCADSD will be \$1.5 million in Medicaid funds and \$550,000 in state-only funds. KCRSN must provide information to the state detailing how the funds have been distributed to workers. A number of issues related to this funding allocation must be resolved.

▪ **Improved Service Delivery**

1. Countywide initiatives have been developed to improve management and coordination of information systems through identification of IT Service Delivery Managers in each department. The county has also embarked on a redesign of the county Web, including implementation of a new Web Content Management System. To support these initiatives, DCHS has hired an IT Service Delivery Manager and a Senior Web Developer, both positions to be converted from existing FTEs.
2. MHCADSD continues to struggle with inadequate local evaluation and treatment beds for people who need involuntary commitment, as well as requirements in a recently settled lawsuit that add new procedures for monitoring less restrictive orders. In addition, MHCADSD is experiencing ever-increasing documentation requirements and quality review procedures related to crisis and commitment services. To address these issues, MHCADSD proposes to hire a staff person in 2008 to provide oversight and management to meet workload and regulatory requirements.
3. It is anticipated that federal funding for the sobering services program will be reduced or eliminated within the next two years, requiring new funding sources to be developed. MHCADSD will work in coordination with Public Health and the Committee to End Homelessness to conduct a comprehensive redesign of the Sobering Service and the Emergency Services Patrol.
4. King County voters approved the Veterans and Human Services Levy in 2005, creating a new fund source of over \$13 million per year for six years to provide a range of housing and human services for veterans and their families and others in need. Following approval of the levy, the county passed an ordinance requiring a Service Improvement Plan (approved in 2006) and allocation plans describing specific investments and strategies to achieve the goals of the levy. Implementation requires drafting a large number of procurement plans and program designs, all of which must be reviewed by the two new citizen oversight boards, followed by the development and issuing of RFPs, contract negotiations and service delivery. Responding to these requirements in ways that keep the community involved is a significant change dynamic for CSD and for DCHS as we work to get the money out the door. Creation of a quality evaluation to measure and report success with the new services is also an important element of levy implementation. Public information will also become more important once the evaluators are able to report outcomes and achievements.

▪ **Expanded Service Delivery**

1. The Children's Mental Health Plan identified several areas of need, leading to the implementation of a new Children's Crisis Outreach Response System. This program provides crisis response services and temporary placements in host foster homes to safely and effectively resolve crises and help prevent hospitalizations and family disruption caused by longer-term placements of children outside the home. There is increased need for these services and MHCADSD proposes to expand the program with funding from the state DCFS.
2. DCHS and MHCADSD are committed to their effort to work with other county departments and community partners to reduce the criminal justice involvement of persons with mental illness and chemical dependency by creating alternatives to incarceration and reducing criminal justice related costs to the county. Two new initiatives will help to improve access to treatment and supportive services for people exiting the criminal justice system or psychiatric hospitalization: implementation of the new PACT teams and the SHIFTS program.
3. With the development and implementation of the Working Age Adult Policy, DDD faces the challenge of developing employment opportunities for a population of individuals who, in the past, were not considered for employment due to the nature and extent of their disabilities. To develop strategies and best practices to accomplish the new policy direction, DDD is proposing to contract with two employment agencies currently serving this population and collaborate with the State Division of Vocational Rehabilitation (DVR) to concentrate resources in a "braided" manner to develop and implement customized employment situations to assist people with extensive needs. DVR will contribute \$20,000 per person (\$200,000 total) in new, dedicated funds to this project.
4. DDD will continue to expand services to infants and toddlers age birth to three through contracts with the Renton and Shoreline school districts for early intervention services.
5. It is anticipated that service needs for local veterans, military personnel and their families will continue to increase as veterans return from service in Iraq and Afghanistan over the coming months and others are redeployed for additional tours of duty. The Veterans' Program will collaborate with other county agencies and state and local veteran's organizations to ensure that needed services are available to these men and women and their families. The Veterans' Program has already implemented significant changes in 2007 as part of the implementation of the Veterans and Human Services Levy, and additional changes are expected as program expansion continues.
6. The program designs or procurement plans for the activities in the Veterans and Human Services Levy are now being reviewed by the two citizen oversight boards according to a schedule (available online). In addition, a significant amount of capital dollars has now been awarded to housing developers. Therefore, our levy-

funded services are expanding more rapidly than projected in PSQ and we are requesting increased appropriation authority for the two levy funds.

7. For 2008, OPD projects increases in felony caseload, felony complex litigation, King County misdemeanor caseload, dependency caseload, Involuntary Treatment Act caseload, and contempt of court caseload, as well as an increased Mental Health Court workload. The proposed OPD budget requests additional funding to ensure eligible individuals can access required public defense services.
8. OPD continues to struggle with inadequate state funding to address projected Becca caseloads. Becca provides services to defendants of Child in Need of Services (CHINS) or At Risk Youth (ARY) petitions, and those charged with truancy contempt. This is a Washington State mandated program, funded by the state and historically administered through the King County Superior Court

- **Reduced Service Delivery**

1. OPD projects a reduction in caseload demand for juvenile offender cases for 2008 and proposes an adjustment in the level of funding needed, which partially offsets the increased costs in other caseload areas.

- **Increase in Cost of Services**

1. There has been a steady growth in the numbers of children with developmental delays or disabilities in need of Early Intervention Services. The growth over the past five budget periods is a cumulative 70 percent in numbers of children, with a corresponding growth in expenditures of 66 percent over the same period. Over the years, DDD has maintained an “open door” policy for all infants and toddlers age birth to three and has been able to absorb the growth with excess state funds. The State has not recognized the growth in occurrence of disabilities in newborns and the subsequent increased need for early intervention services. In the absence of a commitment by the State Legislature to fund growth in this service area, a lid has been placed on expenditures of Birth to Three Early Intervention Services. DDD proposes convening a stakeholder group to define the problem and move forward with strategies to contain the rising costs of serving increasing numbers of children and their families. This will involve seeking a qualified consultant.
2. Community agencies are facing increased costs in providing the services for which CSD contracts with CX/CFSA dollars. CSD’s purchasing power has eroded over the years, as these dollars were historically never provided with a PSQ increase. For the first time in many years, these funds were increased by two percent in the last budget. CSD will be selecting agencies via a competitive process (per the council auditor’s recommendations), and to help maintain its purchasing power CSD is requesting another two percent COLA for the CX/CFSA contract dollars.

- **Revenue-backed Grant Awards**

1. MHCADSD is looking to consolidate and augment several efforts related to alcohol and drug prevention, intervention and treatment. The Community Organizing Program is moving from CSD to MHCADSD to continue to enhance the coordination of prevention and violence reduction services that began when the Alcohol and Other Drug Prevention Program moved from Public Health to MHCADSD in 2006. The Reclaiming Futures grant is moving from King County Superior Court to MHCADSD to enhance the division's efforts to build an evidence-based foundation for its treatment programs. Reclaiming Futures has seen dramatic increases in retention and treatment completion rates for youth who are involved in the criminal justice system, and in reductions in criminal justice involvement for those who complete treatment. MHCADSD has also been a recipient of an Access to Recovery grant to increase local substance abuse treatment capacity and foster recovery support services, which is expected to be renewed in 2008 but at a lower grant amount.
2. The Legislature passed HB 1359 providing additional revenue for homeless housing services in the Housing Opportunity Fund (HOF). These funds are proposed to be appropriated along with 1.5 FTE new staff (based in the Federal Housing and Community Development fund).
3. There is also a request for budget authority in the HOF to handle transfers of levy dollars from both Veterans and Human Services Levy fund accounts, once the selected levy-funded housing capital projects are ready to proceed. The contracts will be negotiated and processed along with other housing capital funds.

- **Change in County Policy**

1. The OPD contractors' computers have historically been within the county firewall and wide area network (WAN). In order to improve the security of the WAN and protect it against vulnerabilities, OPD plans to transition the contractors off the network. The four contractors will be required to acquire and establish their own internet connections and services.
2. Superior Court has recently changed its policy, requiring all non-court personnel to pay a per-page fee to access Electronic Court Records (ECR). This application is vital to the work of the public defense providers, who currently access the records at no charge. The change in policy will require significant fees be paid to the court so attorneys may view the defendants' court files.

- **Regional Role**

1. DDD has experienced growth in both the size and scope of its regional service responsibilities. These include the numbers of people served in adult programs as well as growth in the numbers of children receiving services. DDD has taken on the roll as the single point of coordination for early intervention programs, assuming responsibility as lead agency for implementation of Part C of the Federal Individuals with Disabilities Education Act (IDEA) and administrator of

the service dollars of area school districts that join in providing services for birth to three populations by 2009. Along with these expansions in size and scope comes a need to improve our ability to coordinate data across multiple funding streams and programs. DDD proposes the development of an improved data system that will enable better management of programs and assist in data based decision-making. The current system was developed over 15 years ago and is no longer adequate to meet program demands.

2. One of the major requirements of the DDD is to develop a four-year plan identifying gaps in services and areas where funds could be strategically invested to improve the quality of life for persons with developmental disabilities. The Board for Developmental Disabilities has recommended that a primary focus for the coming year will be developing partnerships with community organizations typically are accessed by individuals and families for recreational and other purposes. These partnerships would enhance the ability of these organizations to include persons with disabilities in offered activities. Strategies developed by the organizations may vary. These would be one-time only expenditures to cover the costs associated with organizational change to incorporate strategies to include persons with disabilities as everyday practice.
3. To continue its important regional role in housing and homeless service planning, CSD will continue to use a portion of the HOF/CX dollars to help pay for housing/homeless planning previously paid for with federal CDBG and/or HOME dollars. The amount will be less in 2008 than it was in 2007.

- **Technical Adjustment**

1. A number of Technical Adjustments are listed in the 2008 DCHS budget.

Performance Measures

Review/Establish Targets

DCHS targets in 2008 are established on several bases, primarily historical achievement over a number of years, contract requirements based on funder requirements, and management expectations. Management expectations are utilized when programs are in a process of change or are expected to change significantly in the near term.

Evaluation of Performance Measures

DCHS has changed its goals, objectives and core business structure to align with the revised Framework Policies for Human Services and the Human Services Recommendation Report. This means that the structure used to create the 2007 business plan has been changed for the 2008 performance measure report. This section will evaluate DCHS' progress on 2006 and 2007 business plan measures, based on 2006 actual data and first quarter 2007 data (where available). Measures that have been significantly changed or dropped and new measures for 2008 are described in the following text.

▪ 2007 DCHS Goal: Assure food to eat and a roof overhead for vulnerable populations

In 2006 and 2007, DCHS is measuring how we prevent individuals from becoming homeless, and efforts to assist clients to acquire stable housing. These measures are significant because housing is the basis for family stability and for effective treatment of individuals with mental health or drug and alcohol abuse and dependency issues. In 2006 and 2007, DCHS chose specifically to measure the number of affordable housing units created or preserved, movement from emergency shelter or transitional housing to permanent housing, and number of homeless mentally ill persons who attained housing.

The measure of number of affordable units created or preserved has been dropped in 2008, in favor of the number of low-income housing units funded and brought into service. This measure is more indicative of progress towards the goals of the Ten-Year Plan to End Homelessness, as the Ten-Year Plan schedule is based on numbers of units brought into service in each year, and is also easier to track than the more vague concepts of “created or preserved.” As a leading partner in the Ten-Year Plan, DCHS has set our 2008 target for housing units to exceed the federal target of 300 new units per year.

The measure of movement from emergency shelter or transitional housing to permanent housing has been improved in 2008 by breaking out the two groups – those in emergency shelter moving to transitional housing and those in transitional housing moving to permanent housing – to better track their differential progress. DCHS exceeded our targets in 2006; our local achievement rate for transitional housing (70.6 percent) is well above the national HUD target rate of 61 percent.

The measure of homeless people with mental illness achieving housing by the end of their outpatient benefit period has been replaced in 2008 with measures that include detail on:

1. Individuals in residential treatment moving to community-based treatment
2. Individuals who remain in community-based housing for a year after leaving Western State Hospital
3. Individuals who have housing nine months after exiting an intensive case management program
4. Individuals who remain in community-based treatment with stable housing (a combined measure that summarized the three measures above).

The intent of these new measures is to focus on people with mental illness with needs that exceed outpatient benefit services. The new measures that both summarize and break out the target groups allow us to drill down to the strategies that work with a variety of populations of mentally ill individuals, while retaining the theme of progress towards community-based housing. While the percentage of homeless persons in outpatient benefits who received housing increased more than two percentage points from 2005, we did not achieve our goal of 30 percent in 2006. However, as of the first quarter of 2007, we are exceeding our target.

In 2008, we are adding a performance measure for system-wide homelessness in the county by counting the numbers in shelter or unsheltered (One Night Count). Our tracking is based on the count in January 2006, and a target for this measure will be established during 2008 by the Governing Board of the CEHKC.

In 2008, we are adding performance measures related to affordable and accessible housing units for people with developmental disabilities that are funded and brought into service, as well as leveraged subsidized housing.

- 2007 DCHS Goal: Assure supportive relationships within families, neighborhoods and communities

Under the core business of *Child, youth and family development*, DCHS is measuring youth in youth programs who reduce their at-risk behaviors, and children aged birth to three with developmental delays who access early child development services. These measures are important because increased positive behaviors for youth are associated with reduced encounters with the justice system, and early intervention services for children with developmental delays enhances development and increases their potential for success.

The measure of reduced at-risk behaviors did not meet its target in 2006 and is not included in the 2008 performance measures. The program responsible for this outcome is being reorganized in 2007, and we are proposing to develop a measure to track its achievements during 2008 for inclusion in the 2009 business plan. The measure of children with developmental delays aged birth to three who accessed early intervention child development services exceeded its target in 2006 by over 20 percent, and is on track to exceed its 2007 target.

DCHS is continuing to measure our ability to help adults and youth reduce their impact on the criminal justice system. For the measure of adult mental health clients who had fewer incarcerations compared to the previous year, we exceeded our 2006 target and expect to meet our 2007 target.

For the measure of reduction in jail days for veterans incarcerated in the county jail, DCHS failed to meet our 2006 target, in part due to the loss in 2006 of one of the two sub-contracted staff responsible for the Veterans Incarcerated Program (VIP), reducing the contractor's ability to advocate effectively for additional resources for clients upon release from custody. In addition, the Veterans Administration Addiction Treatment Program, the primary drug treatment resource for incarcerated veterans, revised its eligibility criteria in such a way as to exclude most King County jail veterans, making it more difficult to place veterans in services that would allow them to gain early release from jail. VIP staff is seeking alternative drug treatment programs for referral, as well as expanding the goal beyond early release to include reducing recidivism for the veterans served. The 2008 target incorporates early release days and jail days saved due to reduced recidivism. As this is the first time this measure has been used and there are no comparable programs nationally, the target is based on management expectations.

In 2008, DCHS will be modifying the measure that tracks persons enrolled in mental health outpatient benefits who receive a service within seven days of leaving jail, by adding and separately tracking the population of persons in co-occurring disorder specialty programs. This measure is significant because re-engaging people promptly upon their release from jail promotes community tenure and reduces risk of recidivism.

The 2007 measure of the percentage of youth in juvenile justice intervention programs that reduced justice involvement and/or recidivism has changed for the 2008 performance measures, as this measure was difficult to interpret because of the vagueness of the term “justice involvement.” In 2008, the measure refers to a reduced rate of juvenile court filings. In 2006, we did not meet our target, although we showed improvement over 2005 numbers. The 75 percent rate DCHS achieved reflects reductions in both misdemeanor and felony filings for 2006. The achievement rate for proven programs statewide focusing on felony filings alone is 81-83 percent. Our 2008 target for misdemeanor and felony filings combined is 85 percent (better than the statewide rate), which is less than our 2007 target but a significant increase over both our 2005 and 2006 actual results.

- 2007 DCHS Goal: Assure the availability of developmental and behavioral health care so that vulnerable populations can be as physically and mentally fit as possible

Under the core business of *Treatment*, DCHS is measuring improvements in functioning for vulnerable individuals. These measures focus on the effectiveness of our programs in bringing clients to an improved level, thereby reducing the burden on King County’s criminal justice and emergency medical infrastructure. For veterans, we are measuring reductions in symptoms of Post Traumatic Stress Disorder. In 2006, we exceeded by 11 percent our original target of 88 percent. We have reduced our targets for 2007 and 2008 based on management expectations of increasing numbers of returning Iraq and Afghanistan veterans and the anticipated rate of their attendance in programs. Success rates in this service area are also influenced by the subsequent re-activation of soldiers returning to the Middle East, which impedes follow-up efforts.

In the 2007 business plan, we had a measure for victims of domestic violence who developed safety plans as a means of increasing personal safety and the safety of involved children. In 2006, we exceeded our target. However, this measure is not being carried forward in 2008 because of a change in program focus. Individuals impacted by domestic violence are being viewed as survivors rather than victims and instead of a safety plan, we intend to measure achievement of a broader goal of safety/self-sufficiency skills that aligns with United Way’s new reporting emphasis. This measure will be developed in 2008.

We have measured whether persons with mental illness are maintaining or improving their level of functioning during the course of outpatient treatment. Maintenance of current functioning has exceeded the target in 2006, and is on course to do so again in 2007. However, improved functioning has not met the targets established in 2006 and continues to decline, which is consistent with a five-year trend. Improved functioning will be one of the priority goals of the Mental Health Recovery Plan.

Completion of outpatient chemical dependency treatment is significant as an indicator of future stability in the community. We met our 2006 target, but first quarter 2007 data is below target, so this indicator will bear watching during the rest of the year.

DCHS has measured the number of persons receiving mental health services for a number of years, and met the target in 2006 despite reductions in non-Medicaid funding. If early performance in 2007 follows the pattern of previous years, the 2007 target is likely to be met. This measure is not being carried forward to 2008 because it is more a reflection of funding levels rather than an effectiveness measure.

DCHS has long reported the number of calls to information lines (Crisis Clinic 24-hour emergency line and community information line, Alcohol and Drug 24-Hour Help Line, and developmental disabilities information and referral) and exceeded our targets by 12.4 percent. However, in 2008 we are not carrying forward this measure because this indicator is not very meaningful for determining outcomes. Information and referral ceases to be a core business for DCHS in 2008.

- 2007 DCHS Goal: Provide education and job skills to vulnerable populations so that they can lead independent lives

Under the core business *Employment and self-sufficiency*, DCHS is measuring our achievements in assisting individuals to complete education and training goals and to place people in stable jobs. Emphasizing employability for youth and adults increases self-sufficiency and enhances self-image, leading to greater stability in the community.

Youth come to our Work Training Program while they are still in school or after they have already dropped out and come to us in various states of work readiness. It is the goal of the program to increase their employability. In 2006, we measured the percent of youth with low basic skills who increase their employability, and achieved our target and exceeded the four-year historical average. We have increased our target for 2008 to 78 percent to align with the Work Investment Act (WIA) standard. Also in 2008, we are adding a number of youth-related measures, which include employment prep skills; youth who complete a high school degree, GED or post-secondary education or advanced training; youth who secure employment; and youth job retention.

Adult programs include the Dislocated Worker Program and the King County Jobs Initiative. In 2006 and 2007, we are measuring whether people are employed upon exit from the program. We exceeded our target in 2006 and do not yet have data for 2007. A new employment measure will be implemented in 2008, where the adult employment programs will assess the number of clients who subsequently secure livable wage jobs, described as jobs that pay enough to cover a household's basic needs. This is a more meaningful measure than simple employment rates, as achieving livable wages increases self-sufficiency and reduces dependency on subsidized housing and service systems.

Beyond livable wage jobs, in 2008 we will be measuring increases in occupational skills and training, and job retention. Our 2008 target achievement rate for job retention for adults is 85 percent, which meets the state funder's contractual goal. The out-of-school

WIA job retention benchmarks for King County are 81 percent for young adults (19-21 years old) and 89.7 percent for adults.

DCHS provides employment services for adults with developmental disabilities. In 2008, we are continuing to measure the number of persons who receive employment supports in sheltered and group employment settings. We are anticipating that this number will continue to decrease over time, as employment providers undergo organizational changes and chose to no longer offer these services or offer time-limited placements. Agencies are focusing on moving individuals into integrated community-based employment, in accordance with DDD's mission and the state's Working Age Adult policy. DDD met our 2006 target and we are on target to meet 2007 goals as well.

In 2008, DDD is adding measures for the percent of young adults with developmental disabilities leaving high school with jobs, and individuals with significant support needs who are receiving employment supports and earning wages. Additional resources are needed to assist persons with significant disabilities to achieve their employment goals. We will continue to increase the use of Social Security Administration (SSA) Work Incentives to leverage additional funds needed to provide employment supports to persons currently enrolled in the employment system, as well as those who are not able to access state-funded employment supports. King County DDD leads the State of Washington in the use of this alternative funding source. DDD first began to explore the use of SSA Work Incentives as a potential funding source in 2002 and the State Division of Developmental Disabilities encouraged other counties to implement King County's model. Currently, there are 16 Washington counties using SSA Work Incentive programs to provide employment supports for the people they serve. King County DDD produced 95 percent of the SSA Work Incentives developed for people with developmental disabilities statewide in 2004, 84 percent in 2005, and 61 percent in 2006.

DCHS will also continue to measure employment gains for adults with mental illness or chemical dependency.

- 2007 DCHS Goal: Assure quality public defense services

Under the core business of *Public defense*, the Office of the Public Defender (OPD) focuses on measuring the effectiveness of its processes as well as the quality and effectiveness of the contracted legal services provided to indigent clients. These measures are important because they can directly impact criminal justice costs throughout the system.

Provision of experts in a timely fashion helps reduce time to resolution and allows the attorney to provide representation that is more effective. For the 2006 and 2007 business plans, OPD set internal targets for completing 75 percent of the requests they receive within five business days, and 100 percent of the requests received within ten business days. Their five-day target was exceeded in 2006 by almost 12 percent, and the first quarter 2007 trend is exceeding the target by an even larger amount. Processing 100 percent of requests received within ten business days was not accomplished in 2006; however, performance on this measure during the first quarter of 2007 is on a definite positive trend. This measure will not carry forward into the 2008 business plan.

A second performance measure of expert service request processing – to review for approval, denial, or requesting additional information within three to five business days of receipt – was proposed for 2007 to measure the timeliness of OPD’s initial response to expert requests. This measure will not be included in the 2008 business plan. It was determined that OPD lacked the system infrastructure to gather and report on this measure, and that the first measure, on actual completion of expert requests, was more indicative of process results for the purposes of the 2007 business plan.

The third performance measure examines caseloads of contracted defender agencies, specifically, the variance of actual caseload from contracted terms by case area – felony, misdemeanor, juvenile offender, or dependency. Forecasting of case filings by type for the ensuing year is very important, as it determines the funding for public defense agencies and their staffing levels. If filings are higher than contracted levels, the county is required to pay the defender agencies the difference. If filings are lower than contracted levels, the agencies are required to pay back the county. A five percent variance (and 2.5% for the felony case area) is already worked into the contract and the performance measure. In 2006, assignments to the four agencies exceeded the contract variance in misdemeanor cases, due to the PAO filing a large number of unanticipated backlog cases. An anticipated reduction in dependency filings did not materialize, which also resulted in a variance from 2006 contract caseloads. For 2007, OPD received increased funding to bring misdemeanor contract caseload close to the forecasted level of activity. Early 2007 results indicate that felony case filings have increased over the level forecasted, in part due to an unanticipated filing of backlog cases by the PAO. Misdemeanor filings continue to increase. This measure must be monitored closely for ongoing 2007 trends and carries forward in 2008.

New for the 2008 business plan is a measure focused on the number of days between the PAO’s notification to OPD of a felony case filing and the assignment to an agency. The targets for this measure are one day for defendants in custody in a King County facility, and five days for defendants that are not in custody. The extra emphasis on incarcerated clients is directly related to reducing jail costs; assigning an attorney as soon as possible potentially minimizes jail confinement. In 2006, OPD assigned attorneys to confined clients in less than one (0.6) business day on average; for clients not in custody, OPD assigned attorneys within an average of 2.7 business days. In first quarter 2007, the respective actual average performance is comparable – one business day for in-custody clients and 2.7 business days for out of custody clients.

Another new measure is tracking the promptness of public defense contract attorney contact with an assigned client. The measure establishes a target of contacting an incarcerated client within one business day and an out of custody client within five business days. In both cases, target is set at 100 percent of assigned clients contacted; this is a contract requirement. OPD annual site visits include a specific sampling of case files to determine performance against these targets. In 2006, the actual performance was 90 percent for in-custody clients and 98 percent for out of custody clients. Corrective action was required for the two agencies not in compliance. Year 2007 site visits will occur in the fourth quarter.

A new customer service measure is also included in the 2008 business plan. OPD occasionally receives complaints from clients regarding their cases. At this point, only the number of complaints received is logged and reported. For 2006, 93 calls were received; in the first quarter of 2007, 44 calls were received. For 2008, OPD will put in place processes to validate complaints and report on the percent of complaints that are determined to be valid. Valid is defined as a complaint about an action that resulted in the attorney not providing effective assistance of counsel and potentially causing a negative effect on the outcome of the case. The target for valid complaints is zero; having no validated complaints about OPD attorneys is the only acceptable outcome.

Next Steps

DCHS is aware that there are improvements to our performance measurement that we need to undertake in 2008, in addition to the new measures we have already described. Through self-assessment, we determined the need to develop efficiency and customer service measures where they are missing and research external benchmarks to relate our performance to outside indicators.

Performance Measure Reporting Form

See Appendix A